

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101579025

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1 2				
4		2 1				
5		1 2				
6		⊕ 1				
7		1 ⊕				
8		⊕ 1				
9		1 ⊕				
10		⊕ 1				
11		1 ⊕				
12		⊕ 1				
13		1 ⊕				
14		⊕ 1				
15		1 ⊕				
16		⊕ 1				
17		1 ⊕				
18		⊕ 1				
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21		1 ⊕				
22		⊕ 1				
23	1					
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42	1					
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44		1				
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48						
49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	44					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						